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Exam. Inits*	Cite No	Doc	Document Number			Kind Code ²	Name of Patentee or Applican			icant	Publication Date MM-DD-YYYY		Relevant Portion		
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^{*} EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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